

MA SANE Advisory Board Meeting June 13, 2016

Attendees: Carlene Pavlos Donald Hayes. Nancy Alterio, Jen Franco, Nikki Antonucci, Maureen Gallagher, Tammy Mello, Robyn Kennedy, Adam Delmolino, Karen Hazard, Erin Heaney, Dr. Alice Newton, Bee Potter, Diane Coffey, Stacy Malone, Dr. Judith Linden, Dr. Ylisabyth S. Bradshaw, Kati Borden, Kristi Holden, Claire Shastany, Jess Shaw, Tania Baez

Welcome – Diane Coffey welcomed as the new MOVA representative on the SANE Board. We thank Liam Lowney for his years of service.

November 11, 2015 Minutes – Minutes were approved as written

SANE FY17 State Funding Update (Line item 4510-0810): - The Governor's FY17 budget, proposed in January, included level funding for the SANE program as did the House. The Senate budget included \$180K in expansion funding for MACA. We are awaiting the results of the final budget.

FY'15 and FY'16 SANE Service Delivery

Adult Adolescent		CAC/Pediatric SANE	
FY '16 (as of June 10th)	975	FY '16 (as of June 10 th)	839
FY '15	900	FY '15	751

Patient volume has been significant at our 2 New SANE Sites:

- South Shore Hospital 10/26/2015 – June 10, 2016 = 36 patients
- Berkshire Medical Center 11/7/15 – June 10, 2016 = 19 patients

National TeleNursing Center Update:

- St. Anne's and MetroWest Medical Center have been chosen as the 2 MA pilot sites for the Project. At our next meeting, our NTC staff will provide an overview of the project to date.

FY '17 Expansion

- **Lowell General Hospital (LGH)** We anticipate "going live" with Lowell General Hospital in early September. While our initial goal was July, because LGH will be receiving both Adult/Adolescent and well as Pediatric SANE services, we need to ensure that processes are developed in regard to Pediatric SANE image management at LGH. Deb

Perry, the NE Regional Coordinator, has been working closely with LGH Administration and the Center for Hope and Healing to ensure comprehensive patient services.

- The hospital has a plan in place for transferring patients presenting at Saints Campus, who prefer to be transported to Lowell General for SANE care, to be provided two-way transportation, at no cost to the patient.
- **Middlesex County Children's Advocacy Center (MCAC) Pediatric SANE.** We have signed a MOU with the Middlesex DA's Office and the MCAC to provide Pediatric SANE services for the first time in that County.

SANE Board Roles and Responsibilities

As reviewed, the roles and responsibilities for the SANE Advisory Board are outlined in the SANE statute, MGL Chapter 111, Section 220.

These responsibilities are related to the processes of:

- SANE Certification;
- SANE Protocol development/revisions;
- MDPH SANE site designation;
- The Advisory Board makes recommendations to the DPH commissioner and any votes that are proposed are in relation to these recommendations.

SANE Trust Discussion

Two years ago, as part of SANE Sustainability Planning, a subcommittee was established and developed draft language for the establishment of a SANE Trust Fund. The Governor recently submitted similar language as an outside section in his FY17 proposed budget. There is currently language in both the House and SWM FY17 Budgets for a SANE Trust Fund making it a strong possibility that this will be established. The Board engaged in a conversation about the potential uses of funding in the SANE Trust:

- The SANE Trust will supplement not supplant any state funding for SANE services. Funds could coverage things such as training, outreach, program and telenursing services and possibly a SANE Follow-Up Nurse position. The language was written broadly to include wrap-around patient services as well. MA SANE has recently been approached by several hospitals/hospital systems inquiring about funding SANE services for their hospital/hospital system. While some requests are to provide funding for MA SANE services, other requests seem to be to run an internal program within their system but have the nurses trained to be SANEs by MDPH. These requests raise serious policy questions and require further consideration and discussion. Issues include:
 - The need to maintain the integrity of the MA SANE Program including training, certification, monitoring and quality standards.

- Equity in having some hospitals pay for SANE services while other hospitals do not and whether we should further explore some level of payment by hospitals on a sliding scale. (Should non-profit and for profit hospitals be expected to contribute in equal amounts?)
- Could there be a SANE membership fee to provide technical assistance and services with tiered payment base on volume and utilization? Could a cost to benefit analysis be done and also reviewed in relation to the hospitals that have been receiving SANE services at no cost for 10 – 20 years.
- How would we also ensure that a RCC response would be included at hospitals paying for the training and oversight of their exclusive SANEs?
- A trauma-informed, partnered response by SANE and a RCC advocate, along with appropriate follow-up services may have a protective impact for sexual assault patients against long term health and behavioral health issues. These are important messages when explaining the value to healthcare systems.

All members agreed that if the SANE Trust is established, we will need to establish a Subcommittee to help explore these issues further.

SANE Program Updates

Personnel

- Sandy Hebenstreit has resigned her position effective July 30th.

EMS Point of Entry (POE) – In March 2015, the DPH Office of Emergency Medical Services issued a bulletin to all statewide EMS providers notifying them the MDPH-SANE sites are now considered POE locations. This means that EMS providers, transporting a sexual assault patient, can by-pass the nearest hospital with the patient’s consent and take the patient to a designated MDPH-SANE site.

Adolescent Task Force – The taskforce has met twice. There have been some very rich discussions and most recently each professional group is explaining their role in responding to Adolescent Sexual Assault patients. We hope to develop best practice guidelines that consider the developmental needs of adolescents. The Taskforce has determined that it is committed to meeting for as long as required to do this in a comprehensive way. Staff from the Office of the Child Advocate and the Office of the Attorney General, have recently joined the group. The meetings are held at the Disabled Persons’ Protection Commission in Braintree and we are grateful to Nancy Alterio for hosting and facilitating these meetings.

Meeting adjourned at 11:50 AM

Updates on Items covered in the June 13th Agenda:

SANE State Funding:

The final state FY17 budget included the \$180K funded earmark for MACA. (Note that MACA receives a ~\$570K procured contract through funding from the SANE Account.) This earmark was vetoed by the Governor, but overridden by the legislature.

In the supplemental budget passed in September, the earmarking language in the SANE account was changed to \$750K for MACA.

FY15/FY16 Service Delivery:

Since the June 13th meeting, we have final figures in for service delivery all of in FY16. They are:

Adult Adolescent		CAC/Pediatric SANE	
FY '16	1051	FY '16	889
FY '15	900	FY '15	751

FY17 Expansion:

There was internal interest in the position for the Middlesex County Pediatric SANE position, and since our meeting, Mildrine Tulyse, the Bristol County Pedi SANE, has accepted the position at the MCAC.

SANE Trust:

Language for the establishment of a SANE Trust was included in the final budget. The Trust has been established at DPH and has already received contributions. Board members and others interested in contributing may do so via check made payable to: Massachusetts Department of Public Health and indicate "SANE Trust" in the memo line.